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Publication of CDC Surveillance Summaries

Since 1983, CDC has published the CDC Surveillance Summaries under separate cover as part of the MMWR Series. Each report published in the CDC Surveillance Summaries focuses on public health surveillance; surveillance findings were reported for a broad range of risk factors and health conditions.

Summaries for each of the reports published in the most recent (December 1991) issue of the CDC Surveillance Summaries (1) are provided below. All subscribers to MMWR receive the CDC Surveillance Summaries, as well as the MMWR Recommendations and Reports, as part of their subscriptions.

WATERBORNE-DISEASE OUTBREAKS, 1989-1990

For the 2-year period 1989-1990, 16 states reported 26 outbreaks due to water intended for drinking; an estimated total of 4288 persons became ill in these outbreaks. *Giardia lamblia* was implicated as the etiologic agent for seven of the 12 outbreaks for which an agent was identified. The outbreaks of giardiasis were all associated with ingestion of unfiltered surface water or surface-influenced groundwater. An outbreak with four deaths was attributed to *Escherichia coli* O157:H7, the only bacterial pathogen implicated in any of the outbreak investigations. An outbreak of remitting, relapsing diarrhea was associated with cyanobacteria (blue-green algae)-like bodies, whose role in causing diarrheal illness is being studied. Two outbreaks due to hepatitis A and one due to a Norwalk-like agent were associated with use of well water. Eighteen states reported a total of 30 outbreaks due to the use of recreational water, which resulted in illness among an estimated total of 1062 persons. These 30 reports comprised 13 outbreaks of whirlpool or hot tub-associated *Pseudomonas folliculitis*; 13 outbreaks of swimming-associated gastroenteritis, including five outbreaks of shigellosis; one outbreak of hepatitis A associated with a swimming pool; and three cases of primary amebic meningoencephalitis caused by *Naegleria*. The national surveillance of outbreaks of waterborne diseases, which has proceeded for 2 decades, continues to be a useful means for characterizing the epidemiology of waterborne diseases. Authors: Barbara L. Herwaldt, M.D., M.P.H., Parasitic Diseases Branch, Division of Parasitic Diseases, National Center for Infectious Diseases, CDC; Gunther F. Craun, P.E., M.P.H., Drinking Water Research Division, Office of Research and Development, U.S. Environmental Protection Agency; Susan L. Stokes, Scientific Resources Program, National Center for Infectious Diseases, CDC; Dennis D. Juranek, D.V.M., M.Sc., Parasitic Diseases Branch, Division of Parasitic Diseases, National Center for Infectious Diseases, CDC.

TUBERCULOSIS MORBIDITY IN THE UNITED STATES: FINAL DATA, 1990

The number of tuberculosis cases reported to CDC has been increasing since 1988, after a long historic decline. In 1990, 25,701 cases were reported, an increase of 9.4% over the 1989 figure and the largest annual increase since 1953. From 1985 to 1990, reported cases increased by 15.8%. Disproportionately greater increases in reported cases occurred among Hispanics, non-Hispanic blacks, and Asians/Pacific Islanders. In contrast, decreases were observed among non-Hispanic whites and American

Indians/Alaskan Natives. By age, the largest increase in reported cases occurred in the 25- to 44-year age group; this increase may be largely attributable to rising numbers of tuberculosis cases among persons with human immunodeficiency virus infection or acquired immunodeficiency syndrome. Notable increases also occurred among children. The proportion of cases among foreign-born persons has risen steadily, from 21.6% in 1986 to 24.4% in 1990. Authors: John A. Jereb, M.D., Gloria D. Kelly, Samuel W. Dooley, Jr., M.D., George M. Cauthen, Sc.D., Dixie E. Snider, Jr., M.D., M.P.H., Division of Tuberculosis Elimination, National Center for Prevention Services, CDC.

REGIONAL AND TEMPORAL TRENDS IN THE SURVEILLANCE OF SYPHILIS,

UNITED STATES, 1986-1990

During the latter half of the 1980s, an epidemic of syphilis occurred throughout the United States. A comparison of regional rates of primary and secondary syphilis in 1990 indicated that the rates were highest in the South, followed by the Northeast, the West, and the Midwest. Primary and secondary syphilis rates from 1986 through 1990 exhibited different regional patterns. Rates of primary and secondary syphilis in the West peaked in 1987 and declined from 1987 to 1990. Rates increased in the Northeast and the South from 1986 to 1990, but the increase reached a plateau in the Northeast in 1990. Rates did not begin to increase in the Midwest until 1988. More detailed analyses of the syphilis epidemics in the specific communities in each region are needed to better understand the regional patterns. A comparison of these findings across regions could be helpful in evaluating which sexually transmitted disease intervention and control programs are most effective during epidemic periods. Authors: Linda A. Webster, Ph.D., Robert T. Rolfs, M.D., Allyn K. Nakashima, M.D., Joel R. Greenspan, M.D., M.P.H., Division of Sexually Transmitted Diseases/HIV Prevention, National Center for Prevention Services, CDC.

TRICHINOSIS SURVEILLANCE, UNITED STATES, 1987-1990

Since the Public Health Service began recording statistics on trichinosis in 1947, the number of cases reported by state health departments each year has declined. In the late 1940s, health departments reported an average of 400 cases and 10-15 deaths each year; from 1982 through 1986, the number declined to an average of 57 cases per year and a total of three deaths for the period.

From 1987 through 1990, 206 cases of trichinosis from 22 states, including 14 multiple-case outbreaks, were reported to CDC. In 1990, two large outbreaks associated with commercial pork accounted for 106 cases.

In the 192 instances in which a suspect food item was identified, pork was implicated in 144 (75%) cases, walrus meat in 34 (18%), and bear meat in 14 (7%). Sausage, the most frequently implicated pork product, was associated with 128 of the 139 cases for which a form of ingested pork was specified. Before 1990, the proportion of cases of trichinosis attributable to consumption of commercial pork had declined steadily. This decline was probably due to a combination of factors, including laws prohibiting the feeding of garbage to hogs, the increased use of home freezers, and the practice of thoroughly cooking pork.

Although the incidence of trichinosis has decreased substantially since national reporting was initiated in 1947, a dramatic increase in 1990, resulting from two large outbreaks, emphasizes the need for further education and control measures. Authors: James B. McAuley, M.D., M.P.H., Marco K. Michelson, M.D., Peter M. Schantz, V.M.D., Ph.D., Parasitic Diseases Branch, Division of Parasitic Diseases, National Center for Infectious Diseases, CDC.

Reference

1. CDC. CDC surveillance summaries. MMWR 1991;40(no. SS-3).

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